

<i>SERFF Tracking Number:</i>	<i>FEMC-125851467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40486</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Group Health</i>		
<i>Project Name/Number:</i>	<i>GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)</i>		

Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Group Health

SERFF Tr Num: FEMC-125851467 State: ArkansasLH

TOI: H16G Group Health - Major Medical

SERFF Status: Closed

State Tr Num: 40486

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Jeanette Myers

Disposition Date: 10/09/2008

Date Submitted: 10/09/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: GH 03 28.1 (01-09 ed.)

Status of Filing in Domicile: Pending

Project Number: GH 03 28.1 (01-09 ed.)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Discretionary, Trust

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Federated Mutual Insurance Company is submitting three new schedules and one revised rider to be used with our group health product.

The schedules and rider will be used in conjunction with group health certificate form GH 03 11 (08-06 ed.) approved by your department on 5/23/2006 under SERFF filing # USPH-6NQPMC843 and additional state tracking number 32466.

Rider GH 03 80 (01-09 ed.) will replace GH 03 80 (01-02 ed.) approved on 6/20/2002. This rider amends the definition

SERFF Tracking Number: FEMC-125851467 State: Arkansas
 Filing Company: Federated Mutual Insurance Company State Tracking Number: 40486
 Company Tracking Number:
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: Group Health
 Project Name/Number: GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)

of dependent and the only change is to the dependent limiting age. A dependent can remain insured under the group policy until age 25 or as long as full-time student status is maintained.

Company and Contact

Filing Contact Information

Jeanette Myers, Compliance Analyst jmmyers@fedins.com
 121 East Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 455-8226[FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0417460	

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? Yes
 Fee Explanation: MN form filing fee is \$75.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$75.00	10/09/2008	23076137

SERFF Tracking Number:	FEMC-125851467	State:	Arkansas
Filing Company:	Federated Mutual Insurance Company	State Tracking Number:	40486
Company Tracking Number:			
TOI:	H16G Group Health - Major Medical	Sub-TOI:	H16G.001A Any Size Group - PPO
Product Name:	Group Health		
Project Name/Number:	GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/09/2008	10/09/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Certification	Supporting Document	Jeanette Myers	10/09/2008	10/09/2008

<i>SERFF Tracking Number:</i>	<i>FEMC-125851467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40486</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Group Health</i>		
<i>Project Name/Number:</i>	<i>GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)</i>		

Disposition

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FEMC-125851467 State: Arkansas

Filing Company: Federated Mutual Insurance Company State Tracking Number: 40486

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Group Health

Project Name/Number: GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Certification	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Rider	Approved-Closed	Yes

SERFF Tracking Number: FEMC-125851467 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number: 40486
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: Group Health
Project Name/Number: GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)

Amendment Letter

Amendment Date:

Submitted Date: 10/09/2008

Comments:

I forgot to include the Rule and Regulation 19 Certification.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Certification

Comment:

Rule 19 Cert_Health.pdf

SERFF Tracking Number: FEMC-125851467 State: Arkansas

Filing Company: Federated Mutual Insurance Company State Tracking Number: 40486

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: Group Health

Project Name/Number: GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)

Form Schedule

Lead Form Number: GH 03 28.1 (01-09 ed.)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GH 03 28.1 (01-09 ed.)	Schedule Pages	Schedule of Benefits	Initial			GH 03 28.1 _01-09 ed._.pdf
Approved-Closed	GH 03 28.2 (01-09 ed.)	Schedule Pages	Schedule of Benefits	Initial			GH 03 28.2 _01-09 ed._.pdf
Approved-Closed	GH 03 28.3 (01-09 ed.)	Schedule Pages	Schedule of Benefits	Initial			GH 03 28.3 _01-09 ed._.pdf
Approved-Closed	GH 03 80 (01-09 ed.)	Certificate Amendment, Insert Page, Endorsement or Rider	Rider	Revised	Replaced Form #: GH 03 80 (01-02 ed.) Previous Filing #: GH 00 11 (01-02 ed.)		GH 03 80 _01-09 ed._.pdf

SCHEDULE OF BENEFITS

Effective Date: [January 1, 2009]

The **Schedule** of Benefits applies to residents of the following states: [Arkansas]

Words and phrases in **bold** type have special meaning as set forth in Section VIII - Definitions (form GH 00 08).

A. Payment of **benefits** for **covered expenses** is subject to the following:

	Network Provider	Non-Network Provider
Deductible Individual – other than prescription drugs subject to copayments .	[\$300]	[\$300]
Deductible Family – other than prescription drugs subject to copayments .	[\$600]	[\$600]
Deductible Prescription drugs subject to copayment .	[None]	[None]
Coinsurance -mental illness or chemical dependency	[20%]	[40%]
Coinsurance - other covered services	[20%]	[40%]
Out-of-Pocket Maximum Individual	[\$2,300]	[\$4,300]
Out-of-Pocket Maximum - Family	[\$4,600]	[\$8,600]
Lifetime Maximum	[\$3,000,000] Combined for all providers .	

See Section A. for **Deductible** and **Coinsurance** amounts.

B. **Benefits** for **covered expenses** will be paid as follows. Refer to Section VI - **Covered Services** (form GH 00 06) for details of what services are covered.

Covered Services	Network Provider	Non-Network Provider
Services received while an inpatient for other than mental illness or chemical dependency .	Deductible Coinsurance	Deductible Coinsurance
Services received as part of an office visit or urgent care visit for other than mental illness or chemical dependency or wellness care services or prescription drugs .	Coinsurance	Deductible Coinsurance
	Maximum benefit of [\$500] per calendar year for both network providers and non-network providers combined for manipulative therapy .	
Services received as part of an emergency care visit (not including ambulance services) for other than mental illness or chemical dependency or prescription drugs .	Coinsurance	Deductible Coinsurance For an emergency condition , emergency care services are paid at network provider coinsurance .
All other covered services , treatments or supplies (including durable medical equipment) for other than mental illness or chemical dependency or wellness care services or prescription drugs .	Deductible Coinsurance	Deductible Coinsurance
	Additional [\$5,000] for travel and lodging expenses available for transplants done through a transplant network provider at a location more than 150 miles from the covered person's residence.	

See Section A. for **Deductible** and **Coinsurance** amounts.

Covered Services	Network Provider	Non-Network Provider
Wellness Care Services Well Child Care	Birth up to age 18 - Services paid at 100%	Birth up to age 18 - Services paid at 100% for immunization services. Other services up to age 7 - Coinsurance only Other services age 7 up to age 18 - Deductible Coinsurance
Wellness Care Services Annual Physical - Adult	Services paid at 100% Benefit limited to [\$500] per calendar year .	Deductible Coinsurance Benefit limited to [\$250] per calendar year .
Wellness Care Services Well Adult Care Diphtheria/Tetanus Immunization Cholesterol Screening Bone Mass Measurement Cancer Screenings	Services paid at 100%	Deductible Coinsurance
Mental Illness Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible Coinsurance	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and [\$50,000] per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency . These sublimits do not apply to serious mental illness .	
Chemical Dependency Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible Coinsurance	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and \$50,000 per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency .	
PRE-CERTIFICATION REQUIRED FOR: All inpatient services. Nursing facility services; hospice care services; home health care services; transplant services; and rehabilitative services. Durable medical equipment ; prosthetic devices ; and orthotic devices . Surgeries : abdominoplasty; blepharoplasty; breast augmentation or reduction; jaw surgeries ; nasal surgeries ; scar revision; all varicose vein surgery or treatment; reconstructive surgeries ; musculoskeletal surgeries ; all laparoscopic procedures and all other inpatient surgeries . Tests: CAT scan; MRI; PET scan; and sleep studies. Therapies: speech therapy ; occupational therapy ; physical therapy ; and intravenous therapy. Mental illness or chemical dependency : inpatient or transitional treatment.		

See Section A. for **Deductible** amount.

Covered Services	Network Provider	Non-Network Provider
Prescription Drugs - generic	Deductible then Copayment of [\$10 / 31] day supply ¹	Deductible then Copayment of [\$10 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name on Performance Drug List	Deductible then Copayment of [\$30 / 31] day supply ¹	Deductible then Copayment of [\$30 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name not on Performance Drug List ²	Deductible then Copayment of [\$45 / 31] day supply ^{1, 2}	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug ²
Prescription Drugs – on Specialty Drug List ³	Deductible then Copayment of [\$45 / 31] day supply ¹	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - mail order - generic	Deductible then Copayment of [\$20 / 90] day supply	Not available
Prescription Drugs - mail order - brand name on Performance Drug List	Deductible then Copayment of [\$60 / 90] day supply	Not available
Prescription Drugs - mail order - brand name not on Performance Drug List ²	Deductible then Copayment of [\$100/ 90] day supply ²	Not available
Prescription Drugs - Inpatient or hospital provided or in a physician's office other than drugs on the Specialty Drug List	Deductible Coinsurance	Deductible Coinsurance

Copayments will apply to **Prescriptions Drugs** dispensed at a contracting mail order or retail pharmacy that agrees in writing to the same terms and conditions that apply to the contractual agreement offered to any contracting mail order pharmacy.

Generic drugs are the pharmaceutical equivalent to a brand name drug and are identical in strength, concentration and dosage.

Brand name drugs have the trademarked name of the drug on the package label.

Performance drug list is a list of generic and brand name drugs designated for use as performance drugs. The list is subject to periodic review and modification.

¹ Maximum dispensing limits have been set on some **prescription drugs**. Consult pharmacy for details.

² If a generic drug or performance drug does not exist or a **physician** prescribes a brand name drug when medically necessary, the brand name drug **copayment** will apply. If the **covered person** requests a brand name drug when a generic drug is available, he will pay the generic drug **copayment** plus the difference in cost between the brand name drug and the generic drug.

³ Specialty drug list is a list of drugs designated as specialty drugs available through **our** specialty drug program. The list is subject to periodic review and modification. Specialty drugs obtained from sources other than our specialty drug program are subject to **non-network copayments** even if obtained through a **provider** that is part of another contracted network.

Copayments do not apply toward satisfying the **deductible**, **coinsurance** or **out-of-pocket maximum** requirements of the **policy**. The **deductible** for **prescription drugs** subject to **copayment**, does not apply toward satisfying the **out-of-pocket maximum** requirements of the **policy**.

SCHEDULE OF BENEFITS

Effective Date: [January 1, 2009]

The **Schedule** of Benefits applies to residents of the following states: [Arkansas]

Words and phrases in **bold** type have special meaning as set forth in Section VIII - Definitions (form GH 00 08).

A. Payment of **benefits** for **covered expenses** is subject to the following:

	Network Provider	Non-Network Provider
Deductible Individual – other than prescription drugs subject to copayments .	[\$300]	[\$300]
Deductible Family – other than prescription drugs subject to copayments .	[\$600]	[\$600]
Deductible Prescription drugs subject to copayment .	[\$100]	[\$100]
Coinsurance - mental illness or chemical dependency	[30%]	[40%]
Coinsurance - Option A	[30%]	[40%]
Coinsurance - Option B	[20%]	[40%]
Out-of-Pocket Maximum - Individual	[\$3,300]	[\$5,300]
Out-of-Pocket Maximum - Family	[\$6,600]	[\$10,600]
Lifetime Maximum	[\$3,000,000] Combined for all providers .	

See Section A. for **Deductible** and **Coinsurance** amounts.

B. **Benefits** for **covered expenses** will be paid as follows. Refer to Section VI - **Covered Services** (form GH 00 06) for details of what services are covered.

Covered Services	Network Provider	Non-Network Provider
Services received while an inpatient other than for mental illness or chemical dependency .	Deductible Coinsurance - Option A	Deductible Coinsurance
Services received as part of an office visit or urgent care visit other than for mental illness or chemical dependency or wellness care services or prescription drugs .	Coinsurance - Option B	Deductible Coinsurance
	Maximum benefit of [\$500] per calendar year for both network providers and non-network providers combined for manipulative therapy .	
Services received as part of an emergency care visit (not including ambulance services) other than for mental illness or chemical dependency or prescription drugs .	Coinsurance - Option A	Deductible Coinsurance For an emergency condition , emergency care services are paid at network provider coinsurance .
All other covered services , treatments or supplies (including durable medical equipment) other than for mental illness or chemical dependency or wellness care services or prescription drugs .	Deductible Coinsurance - Option A	Deductible Coinsurance
	Additional [\$5,000] for travel and lodging expenses available for transplants done through a transplant network provider at a location more than 150 miles from the covered person's residence.	

See Section A. for **Deductible** and **Coinsurance** amounts.

Covered Services	Network Provider	Non-Network Provider
Wellness Care Services Well Child Care	Birth up to age 18 - Services paid at 100%	Birth up to age 18 - Services paid at 100% for immunization services. Other services up to age 7 - Coinsurance only Other services age 7 up to age 18 - Deductible Coinsurance
Wellness Care Services Annual Physical - Adult	Services paid at 100% Benefit limited to [\$500] per calendar year .	Deductible Coinsurance Benefit limited to [\$250] per calendar year .
Wellness Care Services Well Adult Care Diphtheria/Tetanus Immunization Cholesterol Screening Bone Mass Measurement Cancer Screenings	Services paid at 100%	Deductible Coinsurance
Mental Illness Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible Coinsurance - Option A	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and [\$50,000] per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency . These sublimits do not apply to serious mental illness .	
Chemical Dependency Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible Coinsurance - Option A	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and [\$50,000] per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency .	
PRE-CERTIFICATION REQUIRED FOR: All inpatient services. Nursing facility services; hospice care services; home health care services; transplant services; and rehabilitative services. Durable medical equipment ; prosthetic devices ; and orthotic devices . Surgeries : abdominoplasty; blepharoplasty; breast augmentation or reduction; jaw surgeries ; nasal surgeries ; scar revision; all varicose vein surgery or treatment; reconstructive surgeries ; musculoskeletal surgeries ; all laparoscopic procedures and all other inpatient surgeries . Tests: CAT scan; MRI; PET scan; and sleep studies. Therapies: speech therapy ; occupational therapy ; physical therapy ; and intravenous therapy. Mental illness or chemical dependency : inpatient or transitional treatment.		

See Section A. for **Deductible** amount

Covered Services	Network Provider	Non-Network Provider
Prescription Drugs - generic	Deductible then Copayment of [\$10 / 31] day supply ¹	Deductible then Copayment of [\$10 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name on Performance Drug List	Deductible then Copayment of [\$30 / 31] day supply ¹	Deductible then Copayment of [\$30 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name not on Performance Drug List ²	Deductible then Copayment of [\$45 / 31] day supply ^{1, 2}	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug ²
Prescription Drugs – on Specialty Drug List ³	Deductible then Copayment of [\$45 / 31] day supply ¹	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - mail order - generic	Deductible then Copayment of [\$20 / 90] day supply	Not available
Prescription Drugs - mail order - brand name on Performance Drug List	Deductible then Copayment of [\$60 / 90] day supply	Not available
Prescription Drugs - mail order - brand name not on Performance Drug List ²	Deductible then Copayment of [\$100/ 90] day supply ²	Not available
Prescription Drugs - Inpatient or hospital provided or in a physician's office other than drugs on the Specialty Drug List	Deductible Coinsurance	Deductible Coinsurance

Copayments will apply to **Prescriptions Drugs** dispensed at a contracting mail order or retail pharmacy that agrees in writing to the same terms and conditions that apply to the contractual agreement offered to any contracting mail order pharmacy.

Generic drugs are the pharmaceutical equivalent to a brand name drug and are identical in strength, concentration and dosage.

Brand name drugs have the trademarked name of the drug on the package label.

Performance drug list is a list of generic and brand name drugs designated for use as performance drugs. The list is subject to periodic review and modification.

¹ Maximum dispensing limits have been set on some **prescription drugs**. Consult pharmacy for details.

² If a generic drug or performance drug does not exist or a **physician** prescribes a brand name drug when medically necessary, the brand name drug **copayment** will apply. If the **covered person** requests a brand name drug when a generic drug is available, he will pay the generic drug **copayment** plus the difference in cost between the brand name drug and the generic drug.

³ Specialty drug list is a list of drugs designated as specialty drugs available through **our** specialty drug program. The list is subject to periodic review and modification. Specialty drugs obtained from sources other than our specialty drug program are subject to **non-network copayments** even if obtained through a **provider** that is part of another contracted network.

Copayments do not apply toward satisfying the **deductible**, **coinsurance** or **out-of-pocket maximum** requirements of the **policy**. The **deductible** for **prescription drugs** subject to **copayment**, does not apply toward satisfying the **out-of-pocket maximum** requirements of the **policy**.

SCHEDULE OF BENEFITS

Effective Date: [January 1, 2009]

The **Schedule** of Benefits applies to residents of the following states: [Arkansas]

Words and phrases in **bold** type have special meaning as set forth in Section VIII - Definitions (form GH 00 08).

A. Payment of **benefits** for **covered expenses** is subject to the following:

	Network Provider	Non-Network Provider
Deductible Individual – other than prescription drugs subject to copayments .	[\$300]	[\$300]
Deductible Family – other than prescription drugs subject to copayments .	[\$600]	[\$600]
Deductible Prescription drugs subject to copayment .	[\$100]	[\$100]
Coinsurance - mental illness or chemical dependency	[20%]	[45%]
Coinsurance - other covered services	[20%]	[45%]
Out-of-Pocket Maximum Individual	[\$2,300]	[\$4,800]
Out-of-Pocket Maximum - Family	[\$4,600]	[\$9,600]
Lifetime Maximum	[\$3,000,000] Combined for all providers .	

See Section A. for **Deductible** and **Coinsurance** amounts.

B. **Benefits** for **covered expenses** will be paid as follows. Refer to Section VI - **Covered Services** (form GH 00 06) for details of what services are covered.

Covered Services	Network Provider	Non-Network Provider
Services received while an inpatient other than for mental illness or chemical dependency .	Deductible	Deductible Coinsurance
Services received as part of an office visit or urgent care visit other than for mental illness or chemical dependency or wellness care services or prescription drugs .	Coinsurance	Deductible Coinsurance
	Maximum benefit of [\$500] per calendar year for both network providers and non-network providers combined for manipulative therapy .	
Services received as part of an emergency care visit (not including ambulance services) other than for mental illness or chemical dependency or prescription drugs .	Coinsurance	Deductible Coinsurance For an emergency condition , emergency care services are paid at network provider coinsurance .
All other covered services , treatments or supplies (including durable medical equipment) other than for mental illness or chemical dependency or wellness care services or prescription drugs .	Deductible	Deductible Coinsurance
	Additional [\$5,000] for travel and lodging expenses available for transplants done through a transplant network provider at a location more than 150 miles from the covered person's residence.	

See Section A. for **Deductible** and **Coinsurance** amounts.

Covered Services	Network Provider	Non-Network Provider
Wellness Care Services Well Child Care	Birth up to age 18 - Services paid at 100%	Birth up to age 18 - Services paid at 100% for immunization services. Other services up to age 7 - Coinsurance only Other services age 7 up to age 18 - Deductible Coinsurance
Wellness Care Services Annual Physical - Adult	Services paid at 100% Benefit limited to [\$500] per calendar year .	Deductible Coinsurance Benefit limited to [\$250] per calendar year .
Wellness Care Services Well Adult Care Diphtheria/Tetanus Immunization Cholesterol Screening Bone Mass Measurement Cancer Screenings	Services paid at 100%	Deductible Coinsurance
Mental Illness Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and [\$50,000] per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency . These sublimits do not apply to serious mental illness .	
Chemical Dependency Services <i>PRE-CERTIFICATION REQUIRED FOR INPATIENT AND TRANSITIONAL TREATMENT</i>	Deductible	Deductible Coinsurance
	For mental illness and chemical dependency services combined, maximum benefit of [\$2,500] per calendar year for outpatient services and [\$50,000] per calendar year for inpatient and transitional treatment combined. Lifetime maximum of [\$100,000] for all mental illness and chemical dependency services. If the employer has more than 50 employees , these sublimits do not limit coverage for mental illness . However, if benefits are paid up to the sublimit for mental illness , there will not be additional benefits available for chemical dependency .	
PRE-CERTIFICATION REQUIRED FOR: All inpatient services. Nursing facility services; hospice care services; home health care services; transplant services; and rehabilitative services. Durable medical equipment ; prosthetic devices ; and orthotic devices . Surgeries : abdominoplasty; blepharoplasty; breast augmentation or reduction; jaw surgeries ; nasal surgeries ; scar revision; all varicose vein surgery or treatment; reconstructive surgeries ; musculoskeletal surgeries ; all laparoscopic procedures and all other inpatient surgeries . Tests: CAT scan; MRI; PET scan; and sleep studies. Therapies: speech therapy ; occupational therapy ; physical therapy ; and intravenous therapy. Mental illness or chemical dependency : inpatient or transitional treatment.		

See Section A. for **Deductible** amount

Covered Services	Network Provider	Non-Network Provider
Prescription Drugs - generic	Deductible then Copayment of [\$10 / 31] day supply ¹	Deductible then Copayment of [\$10 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name on Performance Drug List	Deductible then Copayment of [\$30 / 31] day supply ¹	Deductible then Copayment of [\$30 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - brand name not on Performance Drug List ²	Deductible then Copayment of [\$45 / 31] day supply ^{1, 2}	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug ²
Prescription Drugs – on Specialty Drug List ³	Deductible then Copayment of [\$45 / 31] day supply ¹	Deductible then Copayment of [\$45 / 31] day supply ¹ plus the amount charged in excess of the network cost of the drug
Prescription Drugs - mail order - generic	Deductible then Copayment of [\$20 / 90] day supply	Not available
Prescription Drugs - mail order - brand name on Performance Drug List	Deductible then Copayment of [\$60 / 90] day supply	Not available
Prescription Drugs - mail order - brand name not on Performance Drug List ²	Deductible then Copayment of [\$100/ 90] day supply ²	Not available
Prescription Drugs - Inpatient or hospital provided or in a physician's office other than drugs on the Specialty Drug List	Deductible Coinsurance	Deductible Coinsurance

Copayments will apply to **Prescriptions Drugs** dispensed at a contracting mail order or retail pharmacy that agrees in writing to the same terms and conditions that apply to the contractual agreement offered to any contracting mail order pharmacy.

Generic drugs are the pharmaceutical equivalent to a brand name drug and are identical in strength, concentration and dosage.

Brand name drugs have the trademarked name of the drug on the package label.

Performance drug list is a list of generic and brand name drugs designated for use as performance drugs. The list is subject to periodic review and modification.

¹ Maximum dispensing limits have been set on some **prescription drugs**. Consult pharmacy for details.

² If a generic drug or performance drug does not exist or a **physician** prescribes a brand name drug when medically necessary, the brand name drug **copayment** will apply. If the **covered person** requests a brand name drug when a generic drug is available, he will pay the generic drug **copayment** plus the difference in cost between the brand name drug and the generic drug.

³ Specialty drug list is a list of drugs designated as specialty drugs available through **our** specialty drug program. The list is subject to periodic review and modification. Specialty drugs obtained from sources other than our specialty drug program are subject to **non-network copayments** even if obtained through a **provider** that is part of another contracted network.

Copayments do not apply toward satisfying the **deductible**, **coinsurance** or **out-of-pocket maximum** requirements of the **policy**. The **deductible** for **prescription drugs** subject to **copayment**, does not apply toward satisfying the **out- of-pocket maximum** requirements of the **policy**.

**FEDERATED MUTUAL
INSURANCE COMPANY**
HOME OFFICE: 121 East Park Square, Owatonna, Minnesota 55060

GROUP HEALTH POLICY AND CERTIFICATE RIDER

POLICY NUMBER: [0000]
RIDER EFFECTIVE DATE: [January 1, 2009]

The **policy** and certificate are changed as follows for residents of Arkansas:

Section VIII - Definitions, 29. **Dependent or Dependents**, is deleted and replaced with the following:

1. **Dependent or Dependents**

means the persons shown below. A person who is a **covered employee** is not eligible as a **dependent** under any **policy** issued by **us**. No one can be considered a **dependent** of more than one **covered employee** under any **policy** issued by **us**. If both **spouses** are covered as **covered employees** under any **policy** issued by **us**, only one **spouse** shall be considered to have any eligible **dependents**.

- a. **Spouse.** This is a **covered employee's** current legal **spouse**.
- b. **Child.** This is a **covered employee's**:
 - i. unmarried natural or legally adopted child;
 - ii. unmarried child for whom the **covered employee** or his **spouse** is the legal guardian;
 - iii. unmarried step-child living with the **covered employee**; or
 - iv. a child covered under a valid qualified medical child support order (as the term is defined under Section 609 of the Employee Retirement Income Security Act (ERISA) and its implementing regulations) which is enforceable against a **covered employee**.

In each case the child must be unmarried and less than 25 years old or a disabled **dependent**, as described below. Coverage will be continued to the end of the **calendar year** in which the child marries or reaches the age of 25. Coverage will also be continued beyond age 25 for an unmarried child who is a student in an accredited institution of postsecondary education as long as full-time student status is maintained.

- c. **Disabled Dependent.** This is a **covered employee's** child who is beyond the limiting age and physically handicapped or mentally disabled, and obtains the majority of his financial support from the **covered employee**. The disability must have come into existence prior to age 25. Disability does not include pregnancy. "Disabled" means incapable of self-sustaining employment by reason of mental retardation, **mental illness**, or physical handicap. At **our** request and **our** expense, the **covered employee** must give **us** proof of the **dependent's** disability. **We** reserve the right to periodically review the disability. After the first two years, **we** will not review the disability more frequently than once every **calendar year**.

President

Secretary

<i>SERFF Tracking Number:</i>	<i>FEMC-125851467</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Federated Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>40486</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Group Health</i>		
<i>Project Name/Number:</i>	<i>GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FEMC-125851467 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number: 40486
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: Group Health
Project Name/Number: GH 03 28.1 (01-09 ed.)/GH 03 28.1 (01-09 ed.)

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	10/09/2008
Comments:				
Attachments:				
	Flesch Score Certification.pdf			
	PPO Differential Certification.pdf			
Bypassed -Name:	Application	Review Status:	Approved-Closed	10/09/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Certification	Review Status:	Approved-Closed	10/09/2008
Comments:				
Attachment:				
	Rule 19 Cert_Health.pdf			



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

FEDERATED MUTUAL INSURANCE COMPANY

Owatonna, Minnesota

CERTIFICATE OF COMPLIANCE

STATE OF ARKANSAS

GH 03 11 (08-06 ed.)

To the best of my knowledge and belief, these forms meet the Flesch minimum reading ease score required by the state of Arkansas.

Timothy G Luy Vice President

October 9, 2008



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

FEDERATED MUTUAL INSURANCE COMPANY

FORM TITLE(S): **Group Health Schedule of Benefits & Rider**

FORM NUMBER(S): **GH 03 28 .1 (01-09 ed.), GH 03 28.2 (01-09 ed.)**

GH 03 28.2 (01-09 ed.), GH 03 80 (01-09 ed.)

I hereby certify that Preferred Provider in-network and out-of-network benefit levels will not exceed a 25% differential for residents of Arkansas.

Signature of Officer

Timothy G. Luy
Name

Vice President
Title and/or Business Affiliation

October 9, 2008
Date



121 East Park Square
P.O. Box 328 • Owatonna, MN 55060
Phone: (507) 455-5200 • 800-533-0472

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

FEDERATED MUTUAL INSURANCE COMPANY

I hereby certify that Federated Mutual Insurance Company meets the provisions set forth in Rule and Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Signature of Officer

Timothy G. Luy
Name

Vice President
Title and/or Business Affiliation

October 9, 2008
Date